

**California Department of Education  
Tobacco-Use Prevention Education Program  
Youth Engagement to Address Tobacco Related Health Disparities Grant  
Intent to Submit an Application**

If you intend to submit an application for the Tobacco-Use Prevention Education (TUPE) Health Disparities Grant Program, you are **required** to complete this Intent to Submit (ITS) form and mail it to the TUPE Office. Submission of the ITS form does not obligate the agency to submit an application. An email confirmation of receipt of the ITS form will be sent to the contact person identified on the form.

The prospective applicant is responsible for ensuring that the ITS reaches the CDE no later than **May 24, 2019, by 4:00 p.m. Postmarks will not be accepted.** The completed ITS form should be mailed to:

Youth Engagement to Address Tobacco-Related Health Disparities Grant  
Intent to Submit an Application  
Tobacco-Use Prevention Education Office  
Educator Excellence and Equity Division  
California Department of Education  
1430 N Street, Suite 6408, Sacramento, CA 95814-5901

Applicant Local Educational Agency:

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County:

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Project Coordinator Name:

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Position:

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Telephone Number:

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E-mail Address:

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Secondary Contact Person (Optional):

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Position:

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Telephone:

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E-mail Address:

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Priority subgroup(s) to be served:

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Proposed programs and activities (prevention, youth development, intervention, cessation/referral):

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Brief description of how the proposed program will address the applicants unmet needs for tobacco use prevention:

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Estimated amount of funds the agency will request: \_\_\_\_\_  
(Applicants will not be bound by this amount when applying)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** You must include an e-mail address for the primary contact person who will be responsible for the ongoing development of the application. This person will be notified of any changes or pertinent correspondence regarding this application.